Testimony on RB5760
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Good afternoon Sen. Hanley and Rep. Sayers and the other members of the committee. I am Steven Thornquist. I am a pediatric ophthalmologist in solo practice in Trumbull, and I am President of the Connecticut Society of Eye Physicians, representing over 96% of Connecticut's ophthalmologists, and as an officer of the Connecticut State Medical Society, representing over 7000 physicians and surgeons throughout the state. I would like to thank you for revisiting the issue of children's vision and I will speak to you today about children's eye care and the best way to ensure healthy vision for all of Connecticut's children.

As you know, in 2005, the legislature adopted language which required documentation of vision screening before entry into school. We appreciate that, and it has paid off. I do not have formal statistics, but I and my colleagues have noted a significant increase in referrals for failed screenings in the pre-K population. Patients like Daniel from Shelton, who was sent to me by his pediatrician in June of 2005 after failing a vision screening in the office at his 4-year-old well child visit. He was legally blind in his left eye due to a significant, previously undetected, focusing error. Because he was found early by proper screening, we have been able to give him timely, effective treatment, and his vision is now nearly normal with his glasses on.

Screening policies and methods have improved over the last five years, enabling us to look for problems earlier and with greater effectiveness and efficiency. But we can do better. We have a good screening system in place now to act as a foundation. With relatively small changes to existing systems, we can make sure every child is reached by quality vision screening and gains entry into a program to provide appropriate, affordable follow-up and treatment, because that is what really counts: making sure that kids with vision problems get treated effectively.

RB 5760, AAC Prevention Strategies For Vision Problems In Young Children, is an admirable effort at attaining this goal, but falls short on several counts. A federal bill currently under consideration will provide grant money specifically for states like CT that are on the forefront of screening. It is medically unnecessary, will waste limited health care dollars, but, most importantly, a single exam reaches each child only once and, therefore, will miss diseases that develop over time. We can do better by expanding and improving our current screening.

A one-time examination, however complete and however paid for, is actually worse than screening which can be easily repeated, and even brought to the patient in many cases. For instance, eye crossing may appear at any age, from infancy up to and beyond 6 years old. Until it appears, the child's eyes are often completely straight, and the vision good. A single exam at the age of three does little for the child who begins to cross at four, and might do harm by providing a false sense of security for both the parents and provider. Serial screening allows multiple "looks" at the child, allowing for worrisome changes to be identified. Mandating examinations is not a better system, it is simply a more expensive one.

Of course, there are some kids who should skip the screening and go straight to a full exam. These are children with a high risk of developing vision problems, such as a known family history of significant childhood eye problems, those born premature, those with neurologic deficits and developmental problems, and similar cases. This is already standard medical practice.

In short, Connecticut's physicians agree with improving strategies for preventing vision problems in children, and the best way to achieve that is by ensuring quality screening by better training, program expansion, and incentives, such as payment for screening. Let's work to make Daniel's story the story of every kid with vision problems in Connecticut.